

Managements of Dermatologic Side Effects

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Over the last decade, cancer therapy has increasingly shifted toward targeting specific pathways involved in the pathogenesis of malignancy. Unlike the traditional cytotoxic chemotherapies, these agents, including epidermal growth factor receptor (EGFR) inhibitors, vascular endothelial growth factor (VEGFR) inhibitors, mammalian target of rapamycin (mTOR) inhibitors and RAF inhibitors, frequently cause dermatologic adverse events which are symptomatic and manifest in cosmetically sensitive areas.

The most common cutaneous adverse events related to EGFR inhibitors are papulopustular (acneiform) eruption, xerosis, pruritus and paronychia. VEGFR inhibitors usually leads to hand-foot skin reaction . Reports of dermatologic toxicities such as abnormalities of hair growth and mucosal changes also increased.

These events may lead to poor adherence, dose interruption and discontinuation of the regimens. In addition, psychosocial discomfort causing reduction in the quality of life does occur. However, the presence and severity of cutaneous toxicity has shown to have positive correlation with patient survival and paronychia is recently considered as a surrogate marker for EGFR inhibitors.

The management of these dermatologic adverse events can be categorized into prophylaxis and reactive treatment. Systemic antibiotics and topical corticosteroid could possibly prevent or alleviate symptoms caused by EGFR inhibitors. The prevention of sun exposure is recommended to all patients on targeted therapy, and emollients and lubricants can be used to relieve and improve the hand-foot skin reaction.